

Utah Department of Health Office of Vital Records and Statistics

Verification for records not in State Birth File

All requests must list the full name as it should appear on certificate, date of birth, county of birth, full name of mother, and full name of father (if listed).

Please fax completed forms to: Attn: Certification Unit Supervisor (801) 538-7012

Mail to: Vital Records & Statistics, PO Box 141012, Salt Lake City, UT 84114-1012

Child

First Middle Last

Date of Birth County of Birth Certificate No.

Mother

First Middle Maiden

Father

First Middle Last

Child

First Middle Last

Date of Birth County of Birth Certificate No.

Mother

First Middle Maiden

Father

First Middle Last

Child

First Middle Last

Date of Birth County of Birth Certificate No.

Mother

First Middle Maiden

Father

First Middle Last

Person Requesting Verification
(This space to be completed by DWS personnel)

Name Office/Division Title

Phone Fax

Person Completing Verification
(This space to be completed by Vital Records Personnel)

Name Office/Division Title

Phone Fax

INCOMPLETE VERIFICATIONS **WILL NOT** BE PROCESSED